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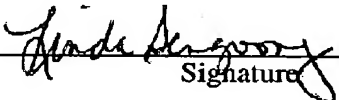
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Signature

Linda Sengvong

Typed or Printed Name

Attached are the following: Transmittal [1 page], and Declaration of Inventors [4 pages].

Applicant:	MARK VAN DYKE	Examiner:	Not Yet Assigned
Serial No.:	10/626,907	Art Unit:	Not Yet Assigned
Filing Date:	July 25, 2003	Atty. Docket No.:	SwRI-2966-03
Title:	Bioactive Coating for Medical Devices		

PTO/SB/21 (08-03)

Approved for use through 08/30/2003. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/626,907	
	Filing Date	July 25, 2003	
	First Named Inventor	Van Dyke	
	Art Unit	Not Yet Assigned	
	Examiner Name	Not Yet Assigned	
Total Number of Pages in This Submission	6	Attorney Docket Number	SwRI-2966-03

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): 1) Combined Declaration and Power of Attorney; and 2) Certificate of FAX under 37 CFR 1.8.
Remarks The Commissioner is hereby authorized to charge any additional fees or credit any overpayments to Deposit Account No. 50-0997 (SwRI-2966-03), maintained by Paula D. Morris & Associates, P.C. d/b/a The Morris Law Firm, P.C.		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Paula D. Morris, Reg. No. 31,516	
Signature	<i>Paula D. Morris</i>	
Date	2-24-04	

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Typed or printed name	Please see attached certificate of mailing under 37 CFR 1.10	
Signature		Date

This collection of information is required by 37 CFR 1.6. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	SWR1-2966-03
	First Named Inventor	VANDYKE, et al.
	COMPLETE IF KNOWN	
	Application Number	10/626,907
	Filing Date	07/25/2003
	Art Unit	Not Yet Assigned
	Examiner Name	Not Yet Assigned

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Bioactive Coating for Medical Devices

(Title of the invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

07/25/2003

as United States Application Number or PCT International

Application Number 10/626,907

and was amended on (MM/DD/YYYY)

(If applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

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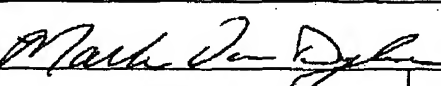
PTO/SB/01 (10-01)

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DECLARATION — Utility or Design Patent Application

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Name PAULA D. MORRIS & ASSOCIATES, P.C.					
Address 10260 WESTHEIMER, SUITE 360					
City HOUSTON		State TX		ZIP 77042-3110	
Country USA		Telephone (713) 334-5151		Fax (713) 334-5157	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		MARK		Family Name or Surname	
Inventor's Signature				Date 11/5/03	
Residence: City		State		Country	
FAIR OAKS RANCH		TEXAS		USA	
Mailing Address		8507 PERCHERON CIRCLE			
City		State		Country	
FAIR OAKS RANCH		TEXAS		USA	
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])		ARLENE J.		Family Name or Surname	
Inventor's Signature				Date	
Residence: City		State		Country	
HELOTES		TEXAS		USA	
Mailing Address		11635 GULF STATION			
City		State		Country	
HELOTES		TX		USA	
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

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PTO/SB/01 (10-01)

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing

OR

☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	SWRI-2966-03
First Named Inventor	VAN DYKE, et al.
COMPLETE IF KNOWN	
Application Number	10/626,907
Filing Date	07/25/2003
Art Unit	Not Yet Assigned
Examiner Name	Not Yet Assigned

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Bioactive Coating for Medical Devices

(Title of the invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

07/25/2003

as United States Application Number or PCT International

Application Number 10/626,907

and was amended on (MM/DD/YYYY)

(If applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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[Page 1 of 2]

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Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number or Bar Code Label 23770		OR <input type="checkbox"/> Correspondence address below	
Name PAULA D. MORRIS & ASSOCIATES, P.C.					
Address 10260 WESTHEIMER, SUITE 360					
City HOUSTON		State TX		ZIP 77042-3110	
Country USA		Telephone (713) 334-5151		Fax (713) 334-5157	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) MARK			Family Name or Surname VAN DYKE		
Inventor's Signature				Date	
Residence: City FAIR OAKS RANCH		State TEXAS		Country USA	
Citizenship US					
Mailing Address 8507 PERCHERON CIRCLE					
City FAIR OAKS RANCH		State TEXAS		ZIP 78015	
Country USA					
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) ARLENE J.			Family Name or Surname SILLER-JACKSON		
Inventor's Signature <i>Arlene J Siller-Jackson</i>				Date 11/14/03	
Residence: City HELOTES		State TEXAS		Country USA	
Citizenship US					
Mailing Address 11635 GULF STATION					
City HELOTES		State TX		ZIP 78023	
Country USA					
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

(Page 2 of 2)